



Jim Doyle
Governor

Helene Nelson
Secretary

State of Wisconsin
Department of Health and Family Services

DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET
P O BOX 2659
MADISON WI 53701-2659

608-266-1251
FAX: 608-267-2832
dhfs.wisconsin.gov

Questions and Answers on Influenza Recommendations October 27, 2004

Following release of The Division of Public Health's influenza guidance over the past few weeks, DPH have received some follow up questions requesting additional clarification. DPH will periodically release question and answer sheets such as this one as we receive questions that need clarification. Questions are presented by subject covered.

FluMist

Q: Does the Emergency Order released on October 15, 2004 include FluMist or just the injectable vaccine?

A: All forms of influenza vaccine, including FluMist, are covered by the Order. If the supply and demand equation for vaccine changes in several weeks the Order could be modified. However, there are currently more than enough healthy people ages 5-49 who fit into either the health care worker with direct patient care or household contact of child under age 6 months priority categories, and we encourage the use of FluMist in these individuals.

Priority Groups Clarification

Q: If my partner is pregnant during influenza season, should I receive a vaccination?

A: This depends on when the baby is expected to be born. If your partner's due date falls between now and March 31, you would qualify as a household contact of a child under the age of 6 months during influenza season and should be vaccinated. We recommend if the due date is between Mid January and March 31, you consider waiting until later in the season to be vaccinated, so priority groups currently at risk have better access to the vaccine now. If you are otherwise healthy and under 50 years old, we also recommend that you receive FluMist instead of the injectable vaccine.

Q: Asplenia and complement deficiencies are not listed among the immunosuppressive conditions. Are these individuals included?

A: Yes. The list of conditions was not meant to be all-inclusive, but rather a guide to the types of conditions that would qualify as immunosuppression for the high priority group. Although individuals with asplenia and complement deficiencies are not more prone to viral illness, these individuals are more prone to bacterial pneumonia, and therefore are more likely to develop a severe complicating pneumonia following an influenza infection.

Q: Atrial, pulmonary or tricuspid valve disorders are included in the “serious heart disease” high priority group. Does this include mitral prolapse?

A: The disorders of heart valves (aortic, mitral, pulmonary or tricuspid) of concern include stenosis and regurgitation. An individual who has prolapse only without regurgitation would not be included.

Q: Is the Wisconsin Division of Public Health recommending ranking or subprioritization of priority groups?

A: No. At this time DPH does not recommend subprioritization of priority groups. Anyone who shows up at a vaccination clinic and who meets criteria for one of the priority groups should receive a vaccination.

Direct Patient Contact Definition

Q: Are EMS personnel considered one of the “direct patient contact” groups? How do we define who constitutes EMS personnel?

A: In the clarification information we sent out on October 15, 2004, EMS personnel are listed in the group of those with likely direct patient contact. EMS personnel are included because they are in close contact during ambulance runs and they often provide patient care in the ER (e.g., starting IVs, etc.). Any EMS worker likely to perform these activities should be included.

Q: WDPH recommends vaccination only for staff with direct patient contact. Can you clarify whether staff handling routine influenza cultures in the lab should be vaccinated?

A: Since these individuals do not have direct patient contact, they should not be vaccinated unless they fit in another high priority category. Although they may be at a somewhat increased risk of influenza infection because of their work environment, if they do not have any other high-risk conditions, they would not be expected to be at increased risk of severe complications compared to an individual in the general public. They would also not have the potential for widespread transmission of their illness that a health care worker with direct patient contact would be expected to have.